

Compare Your Health Plan Choices

Health Plan Quality from the Consumer's Point of View

New survey information to help you compare
your [year] [name of sponsor]
health plan choices

CAHPS[®]
Health Care Quality Information
From the Consumer Perspective

The
Sponsor
LOGO





Sponsor:

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Suggested uses for this page:

- Letter from sponsor
- Acknowledgements
- Introductory/background information

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Why does health plan quality matter?

Health plan quality varies. Not all health plans are alike. A higher quality health plan can mean better care for you and your family.

Today when you pick a plan, you are also picking the doctors, hospitals, and other health plan providers you can use. That's why it is important to consider health plan quality along with costs and covered services.

This booklet gives you information about health plan quality from the consumer's point of view. This information comes from a survey of people who used these health plans:

HMOs

- Name of Plan 1
- Name of Plan 2
- Name of Plan 3
- Name of Plan 4

PPOs

- Name of Plan 5
- Name of Plan 6

See page 14
for a description of
plan types.

How this booklet can help you

This booklet can help you choose a health plan by showing you how the plans compare on some important quality topics. Although this report compares plans, it doesn't tell you which one to choose. You should pick a plan based on what is most important to you and your family.

Before you choose any plan, make sure you read your open enrollment materials. They tell you about health plan costs, covered services, and each plan's rules and features.

Then use the quality information in this booklet, together with the information about cost and covered services, to pick a plan that will work well for you and your family.

For a short description of the types of plans included in this booklet and how to get additional information, see pages 14 and 15.

About the survey

[Sponsor name], a [description of sponsor], hired an independent research company to do the survey. The research company picked people at random to answer the survey questions.

The survey form protected people's privacy so they could say what they really think.

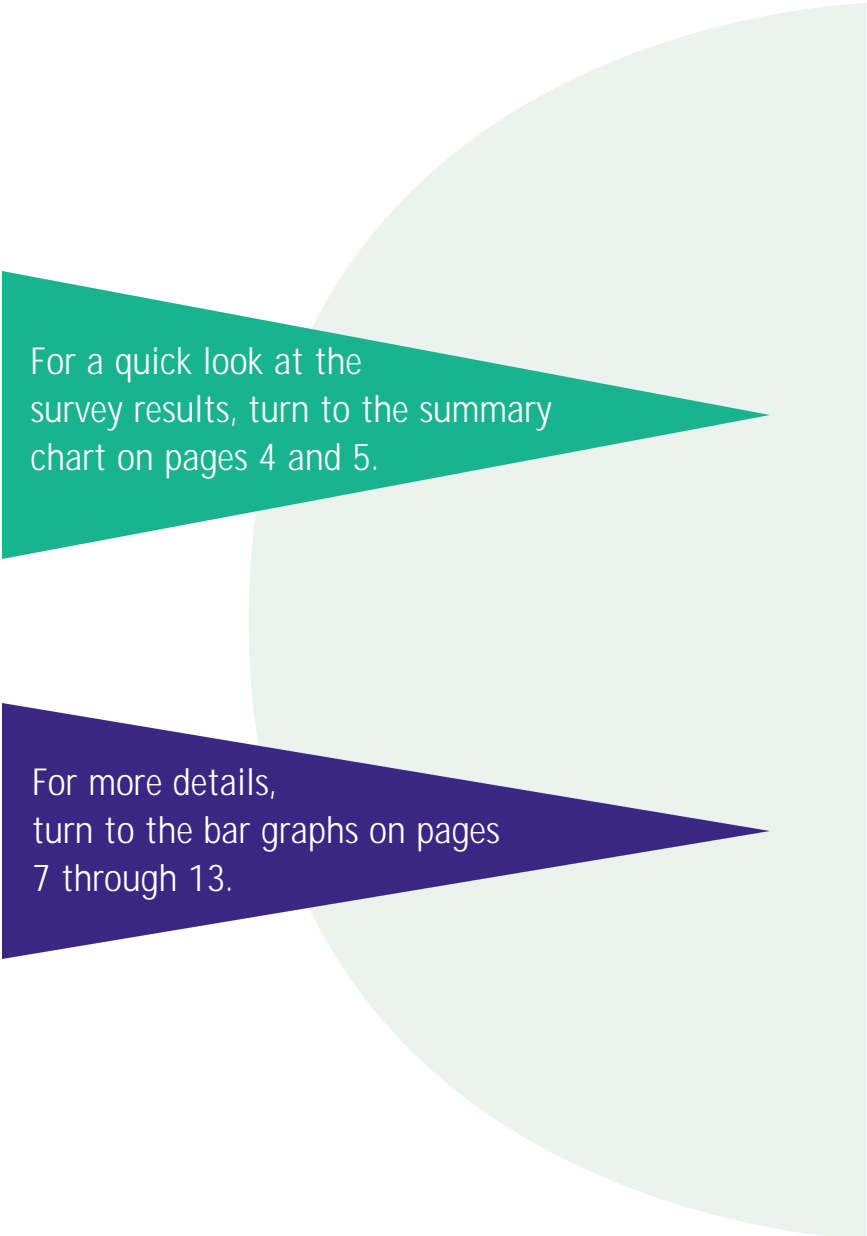
This booklet shows survey results for nearly X,XXX adults — about XXX from each of the health plans.

The survey asked health plan members questions about their experiences with their health plans and medical care, such as:

- Did their doctors explain things in a way they could understand?
- Could they get appointments quickly when they needed them?
- Were they treated with courtesy and respect by office staff?
- Could they get information they needed from the health plan?

People only answered questions about the health care services they had actually used during the last 12 months.

The survey did not ask about technical things that are hard to judge, such as how well a doctor performs surgery.



For a quick look at the survey results, turn to the summary chart on pages 4 and 5.

For more details, turn to the bar graphs on pages 7 through 13.

A quick look at how plans compare

The stars on these pages tell how each health plan compares to the average for all of the plans in the survey.

The stars don't tell you if all plans did well on a topic or if all plans did poorly. The stars only tell how each plan compares to the survey average:

- ★★★ better than the average for all plans in the survey
- ★★ about the same as the average for all plans in the survey
- ★ worse than the average for all plans in the survey

The number of stars given to a plan is based on the results of tests. These tests looked at how big the difference was between a plan's score and the average score for all plans.

HMOs

page 14 tells more about HMOs

Plan 1
Plan 2
Plan 3
Plan 4

PPOs

page 14 tells more about PPOs

Plan 5
Plan 6

Getting care that is needed

More information on page 7

Getting care without long waits

More information on page 8

★★★★	★★★★
★★★★	★★★★
★★★★	★★★★
★★★★	★★★★
★★★★	★★★★
★★★★	★★★★
★★★★	★★★★

How well doctors communicate	How people rated their health care	Courtesy, respect, and helpfulness of office staff	Health plan customer service	How people rated their health plan
More information on page 9	More information on page 10	More information on page 11	More information on page 12	More information on page 13
★★★★	★★★★	★★★★	★★★★	★★★★
★★★★	★★★★	★★★★	★★★★	★★★★
★★★★	★★★★	★★★★	★★★★	★★★★
★★★★	★★★★	★★★★	★★★★	★★★★
★★★★	★★★★	★★★★	★★★★	★★★★
★★★★	★★★★	★★★★	★★★★	★★★★

The bar graphs on pages 7-13 show more detail about how each plan scored on the survey topics. Look at these pages to find out if a plan did well or poorly.

Most topics had more than one survey question.

Questions for each topic are shown with the bar graphs.

For more details, turn to the bar graphs on pages 7 through 13.

What do the bar graphs tell you?

The bar graphs on pages 7–13 show people's answers to different survey topics about their care.

Each health plan has a bar for each survey topic. Each bar has three sections:

The least positive answers
(worse survey results)
are always at this end of the bar in purple

In-between answers are
always white

The most positive answers
(better survey results) are always at
this end of the bar in green



These three sections add up to 100% of all answers for the plan.

Look for
large differences
in the size of the
purple or green
sections.
Small differences
don't mean much.

In the bar graphs, plans that did worse
than the average for all health plans:

- Have smaller green sections.
- Have bigger purple sections.
- May have "one star" ★ in the chart on pages 4–5.

In the bar graphs, plans that did better
than the average for all health plans:

- Have bigger green sections.
- Have smaller purple sections.
- May have "three stars" ★★★ in the chart on pages 4–5.

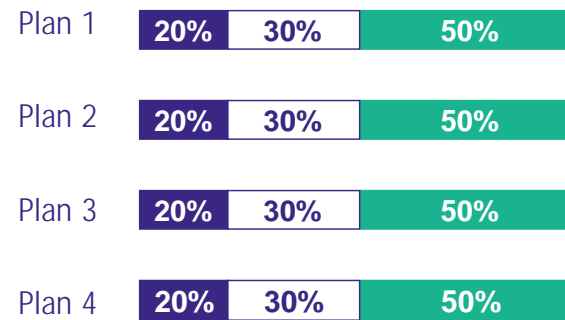
Getting care that is needed



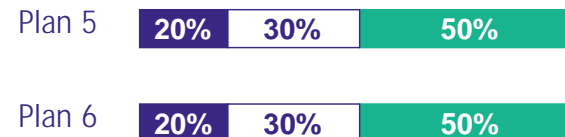
The bar graphs show answers to survey questions that asked people **how much of a problem** it was to:

- Find a personal doctor or nurse.
- Get a referral to a specialist that they wanted to see.
- Get the care they or their doctor believed necessary.
- Get care approved by the health plan without delays.

HMOs



PPOs



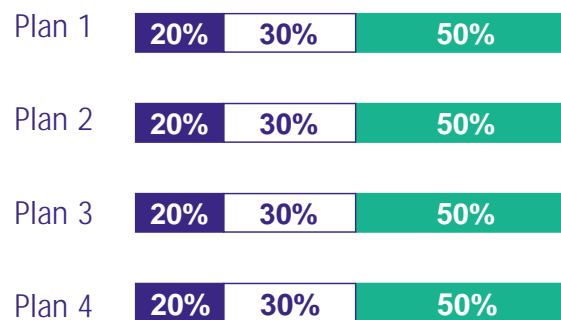
Getting care without long waits



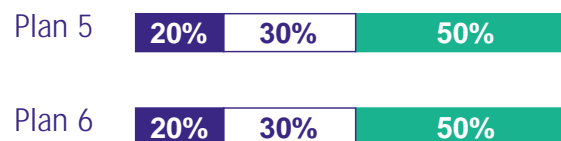
The bar graphs show answers to survey questions that asked people **how often** they:

- Got the help or advice they needed when they called the doctor's office during regular office hours.
- Got treatment as soon as they wanted when they were sick or injured.
- Got an appointment as soon as they wanted for regular or routine health care.
- Waited only 15 minutes or less past their appointment time to see the person they went to see.

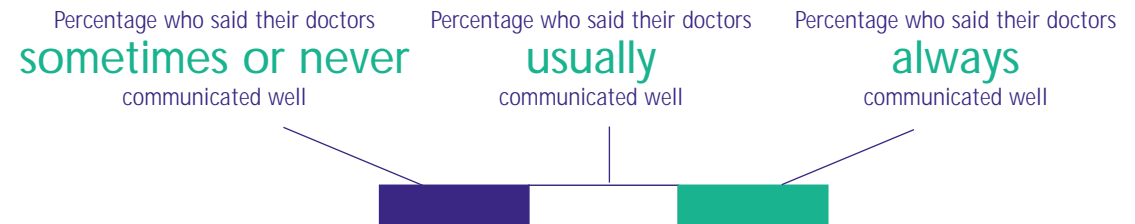
HMOs



PPOs



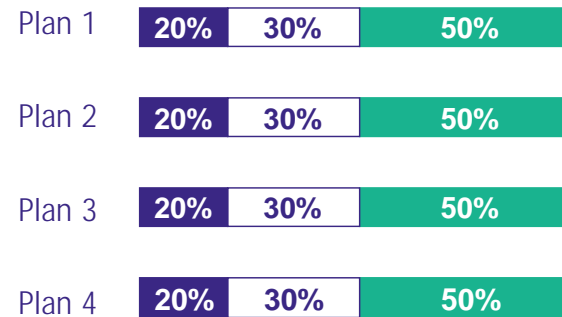
How well doctors communicate



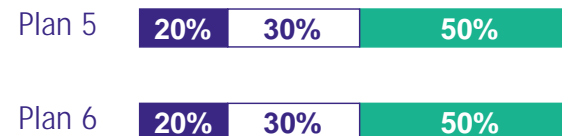
The bar graphs show answers to survey questions that asked people **how often** their doctor or other health provider:

- Listened carefully to them.
- Explained things in a way they could understand.
- Showed respect for what they had to say.
- Spent enough time with them.

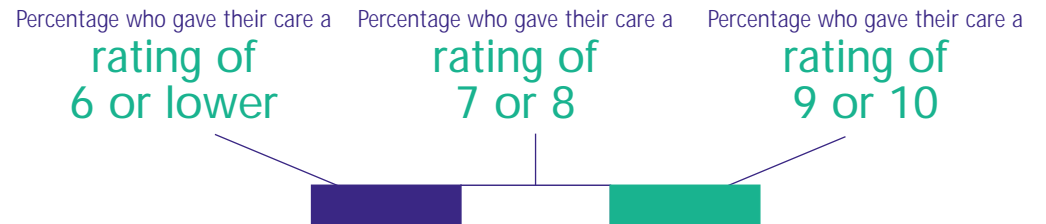
HMOs



PPOs



How people rated their health care

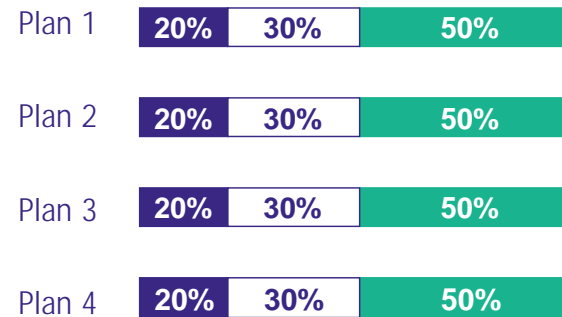


The bar graphs show answers to a survey question that asked people to **rate the care** they received from all doctors and other health providers on a scale from:

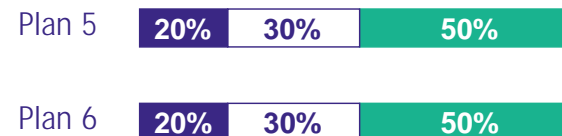
0 = "worst health care possible" to

10 = "best health care possible."

HMOs



PPOs



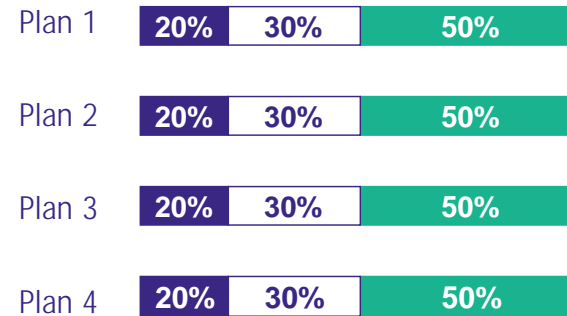
Courtesy, respect, and helpfulness of medical office staff



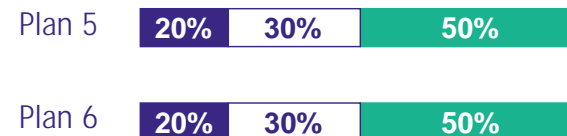
The bar graphs show answers to survey questions that asked people **how often** the office staff at their doctor's office:

- Treated them with courtesy and respect.
- Were as helpful as they should be.

HMOs



PPOs



Health plan customer service

Percentage who said they had
BIG problems
getting the help or information
they needed

Percentage who said they had
SMALL problems
getting the help or information
they needed

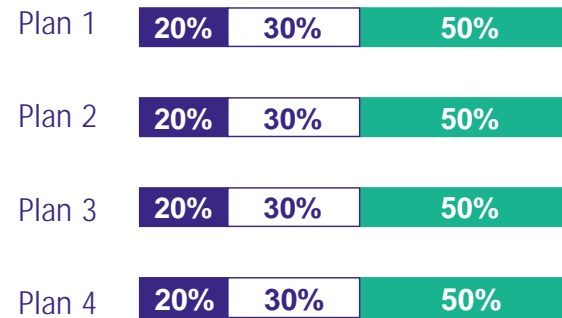
Percentage who said they had
NO problems
getting the help or information
they needed



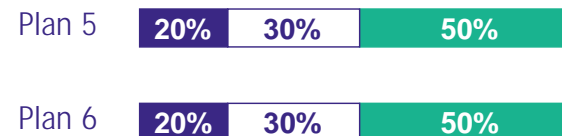
The bar graphs show answers to survey questions that asked people **how much of a problem** they had:

- Getting the help they needed when they called the health plan's customer service.
- Finding the information they needed in the written materials from their health plan.
- With the paperwork for their health plan.

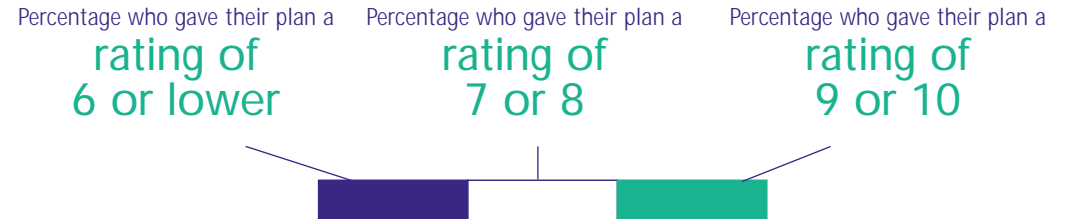
HMOs



PPOs



How people rated their health plan

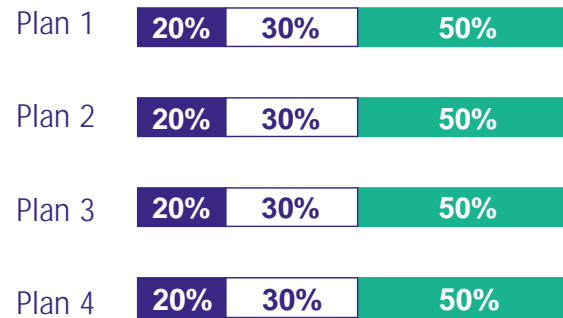


The bar graphs show answers to a survey question that asked people to **rate their health plan** on a scale from:

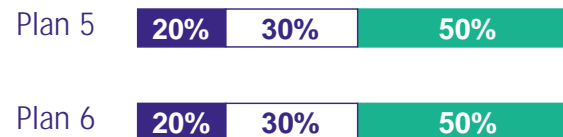
0 = "worst health plan possible" to

10 = "best health plan possible."

HMOs



PPOs



Which type of health plan will work best for you?

The information in this booklet covers the following types of health plans: health maintenance organizations (HMOs) and preferred provider organizations (PPOs). [Sponsor: List the types of plans you offer.]

Most health plans today have a network. **A network is a group of doctors, hospitals, and other health care providers who serve the people enrolled in a health plan.**

When choosing a plan, two important questions are: which providers are in the network and what rules does the plan have about seeing providers outside the network?

*Remember:
Your doctor may be
in more than one
network or more than
one health plan.*

HMO — Health Maintenance Organization

If you join an HMO:

- You must use the doctors and other providers in the HMO network.
- Most HMOs ask you to choose one doctor to be your primary care provider (PCP). Your PCP takes care of most of your medical needs.
- You have to get approval from your PCP before you can see a specialist.

There are advantages:

- You usually pay only a small amount when you get care (for example, \$10 for an office visit).
- You have very little paperwork.
- You may also receive better coverage for some services, such as preventive care.

PPO — Preferred Provider Organization

If you join a PPO:

- You can choose whether or not to use the PPO's network.
- There are advantages if you do use the PPO's network.

If you see a doctor who is in the PPO's network:

- You will pay less when you get care and you will have less paperwork.
- You may also receive better coverage for some services, such as preventive care.

If you choose to see doctors and other providers who are not in the PPO's network:

- You will pay more when you get care.
- You will have to file claims to get payment.

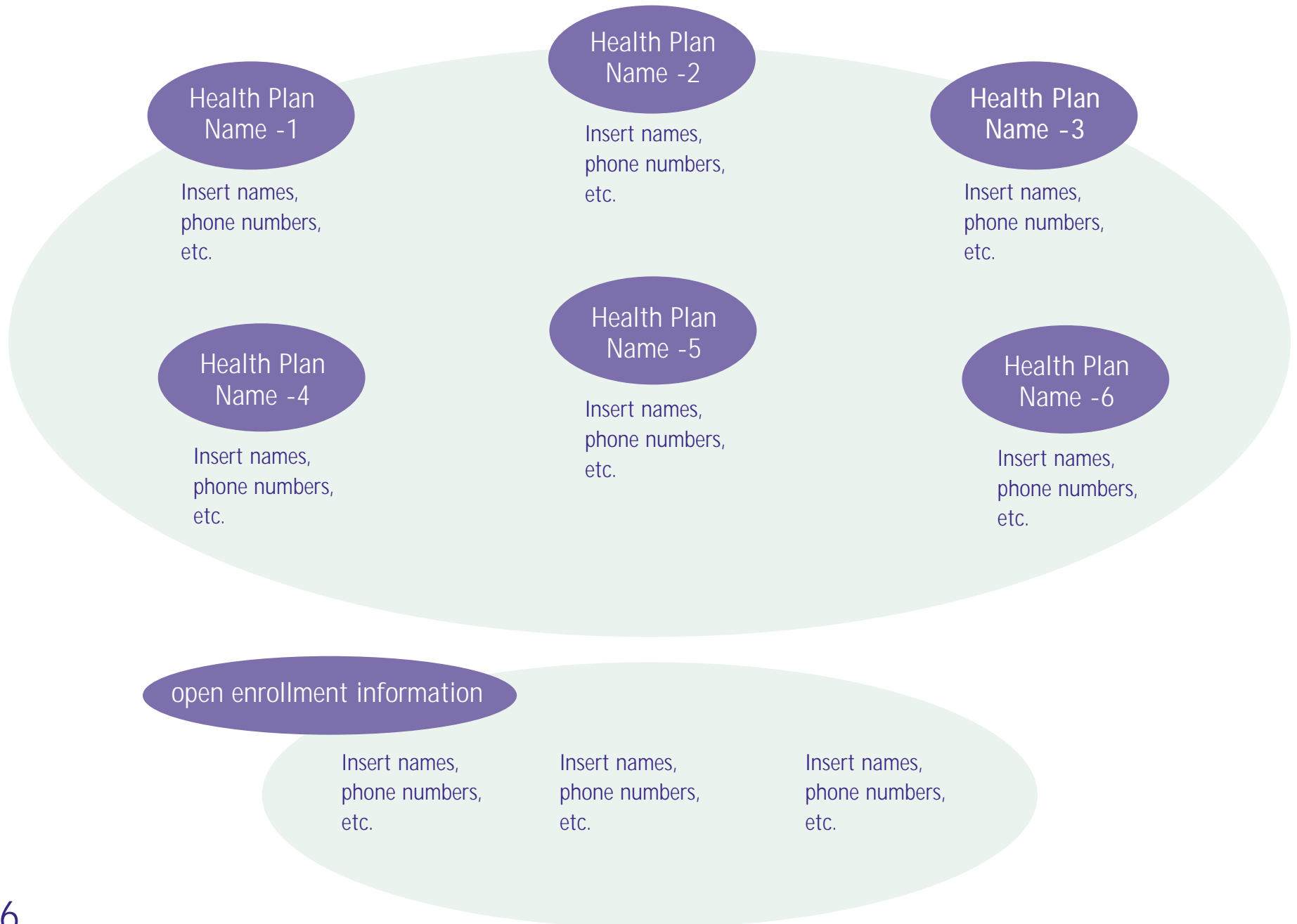
Sponsor:

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Suggested uses for this page:

- Additional types of plan information
- Information about changes in plan offerings (mergers, new plans, etc.)

Where to go for open enrollment materials:



Please tell us what you think of this booklet and the survey results.



We would welcome your reactions to the survey and this report. Please send your comments. . .

by mail:

[Sponsor Name
and Address]

by E-mail:

[sponsor name @ address]

Do you want more information about the survey or survey results?

Call [sponsor name] at:
(xxx) xxx-xxxx



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From the Consumer Perspective